

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/15/04 2 Serial/Patent # 09/976,718

| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|-----------------------------------|----------------|--------------|----------|
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input checked="" type="checkbox"/> | Extension of Time | | 5/10/04 | \$ 950 |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <input type="checkbox"/> | Petition | | | \$ |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |

| | | |
|--|--------------------------|--------|
| | 7 TOTAL AMOUNT OF REFUND | \$ 950 |
|--|--------------------------|--------|

| | |
|-------------------------------------|-----------------------|
| 8 TO BE REFUNDED BY: | |
| <input type="checkbox"/> | Treasury Check |
| <input checked="" type="checkbox"/> | Credit Deposit A/C #: |
| | 111 -- 1410 |

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

app approved

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: RETAKE TITLE: ATTY

SIGNATURE: [Signature] PHONE: 783208076

OFFICE: pet

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature] DATE: 7/16/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B